

215037126  
60029

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 1	Agency Case No. B5-084458	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/12/2015		TIME OF ACCIDENT 0925	STATE USE ONLY		
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0928	09/12/2015		
B	65	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. Charleston/N.12-N.10			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
		241.00			X	N.10	
V1/M	19	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E	2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1							
F	1	DRIVER LICENSE NO.	H12285889		STATE (Of License)	NE	
V1/N	1	DRIVER	LARRY W COLE		PHONE	4027701064	
V2/N	1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	07/30/1947	
G	2	OWNER	LARRY W COLE		PHONE	4027701064	
H	5	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB428262	
V1/O	1	LICENSE PLATE PA NO.	RYE415		YEAR (Plate Expires)	2016	
V2/O	1	VEHICLE	2004	MAKE Chevrolet	MODEL IMP	BODY STYLE 4 door Sedan	
I	1	VEHICLE ID NO. (VIN)	2G1WF52E049150905		COLOR red	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 500	
J	01	TOWED TO	TOWED BY		INSURANCE COMPANY	Lemars Insurance Company	
K	01	TOWED TO	TOWED BY		POLICY NO.	PAR0246605	
VEHICLE NO. 2							
V1/P	1	DRIVER LICENSE NO.			STATE (Of License)		
V2/P	1	DRIVER	LEGALLY PARKED		PHONE		
V3/P	1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	10/30/1965	
V4/P	1	OWNER	YOLANDA NUNEZ		PHONE	3087462762	
V5/P	01	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	
V6/P	01	LICENSE PLATE PA NO.	18N945		YEAR (Plate Expires)	2015	
V7/P	01	VEHICLE	2006	MAKE Ford	MODEL ZX4	BODY STYLE 4 door Sedan	
V8/P	01	VEHICLE ID NO. (VIN)	1FAFP34N36W242337		COLOR red	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 350	
V9/P	01	TOWED TO	TOWED BY		INSURANCE COMPANY	State Farm	
V10/P	01	TOWED TO	TOWED BY		POLICY NO.	1045456-B25-27	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.		
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.		
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.		

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

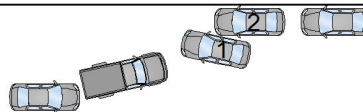
AGENCY CASE NO.  
**B5-084458**



Indicate  
North  
by Arrow



Charleston  
24'6" wide



To N. 10th Street

To N. 12th Street

*Not To Scale*

POI:  
241' E of the E curb of N. 10  
18'8" N of the S curb of Charleston

**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Dr #1 indicated he was trying to go around the tow truck and misjudged the distance. Dr#1 side swiped vehicle #2 at a very low speed. Several vehicles were in the process of being towed along the south side of Charleston. This street is marked no parking due to UNL home football games effective 0800-2345hrs.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
<b>WITNESSES</b>	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME															
1				X	Charleston															
2				X	Charleston/N.															
1	12				06 Turning left															
2	10				08 Entering traffic lane															
					01 Essentially straight ahead															
					02 Backing															
					03 Changing lanes															
					04 Overtaking/ Passing															
					05 Turning right															
					09 Leaving traffic lane															
					10 Parked															
					11 Slowing or stopped in traffic															
					12 Other															
					13 Unknown															

VEHICLE 1		VEHICLE 2	
POINT OF IMPACT	03	POINT OF IMPACT	08
MOST DAMAGED AREA	03	MOST DAMAGED AREA	08

00 None 01 Top & windows 02 Undercarriage 03 Total (all areas) 04 Other				05 06 07 08			
---	--	--	--	----------------------	--	--	--

1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown			
---	--	--	--	--	--	--	--

1 Driver No. 1 2 Driver No. 2 3 Pedestrian				1 Driver No. 1 2 Driver No. 2			
--	--	--	--	----------------------------------	--	--	--

1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown			
---	--	--	--

OFFICER NO. <b>791</b>	TROOP/ TEAM/ BEAT <b>1</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Valerie Kinghorn</b>		INVESTIGATOR SIGNATURE <b>Approved by Sergeant Valerie Kinghorn</b>	DATE OF REPORT <b>09/12/2015</b>